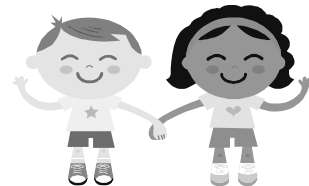
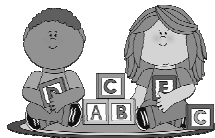


Middlesex Recreation Department, 1200 Mountain Ave., Middlesex, NJ 08846 (732) 356-7400 X7.

Please fill out one form per child if registering multiple children. Make checks payable to Middlesex Recreation Dept.

MONDAY EVENING PLAYGROUP



Our very popular playgroup program is now offering an evening class for children ages 1-4 in the Recreation Center. The class is designed to introduce socialization, cooperation and sharing in a fun and safe environment. This hour long program will allow the children to have 40 minutes of free play then a small snack followed by a group activity. Activities include parachute play, puppets, motor skill elements, musical instruments and more! An adult must attend with the child(ren). A minimum of six children is required to begin the session.

SESSION 1 DATES: OCTOBER 3, 17, 24, 31 TIME: 6:30PM-7:30PM **No class on 10/10/16**

SESSION 2 DATES: NOVEMBER 14, 21, 28, DECEMBER 5 TIME: 6:30PM-7:30PM

FEE: \$25 RESIDENTS \$35 NON RESIDENTS

CHILD'S NAME _____ AGE _____ M _____ F _____

PLEASE CHECK ONE

ADDRESS _____ TOWN _____ ZIP _____

PHONE _____ BIRTH DATE ____/____/____

EMERGENCY TREATMENT RELEASE

As a parent and/or guardian of _____, a minor, I herewith authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. Dates during which release is granted: **October 2016 through December 2016**

Parent (s)/Guardian Info:

Parent Name _____ address (if different than above) _____ Contact Phone # _____

Parent Name _____ address (if different than above) _____ Contact Phone # _____

Contact email: _____

Other contact in case of emergency (DO NOT LIST YOURSELF):

Name _____ Phone _____ H / W / C Relationship to child _____

Specific medical allergies, chronic illness or other medical conditions the staff should be aware of: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I confirm that my child is up to date on all immunizations as required by the NJ Dept. of Health and Senior Services Annual Immunizations Report. I also agree that all the information provided is correct and factual. If information is found to be false, I understand that my child will be expelled from program without reimbursement of fees paid.

Parent Signature _____

Date: ____/____/____

Monday Evening Playgroup 2015 RECEIPT SESSION 1 _____

RECEIPT SESSION 2 _____